

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010868

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 171

Primary Registration District No. 3012

Registrar's No. 36

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED APR 2 1963

1. PLACE OF DEATH

a. COUNTY

Clay

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Excelsior Springs

Length of stay in 1b

6 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Royal Hotel

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Clay

c. CITY
OR
TOWN Excelsior Springs

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS (If outside, give location)

Royal Hotel

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Mae

Middle

D.

Last

Olmstead

4. DATE

Month

Day

Year

DEATH March 22, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9-6-1884

9. AGE (last birthday)

78

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

At home

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and state or country)

Tamaqua, Pennsylvania

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

J. C. Keller

13b. MOTHER'S MAIDEN NAME

Lillian Leibert

14. NAME OF HUSBAND OR WIFE

Charles W. Olmstead

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

C. W. Olmstead, Royal Hotel, Ex. Spr., Mo.

18. CAUSE OF DEATH (Enter only one cause
PART I. DEATH WAS CAUSED BY...)

IMMEDIATE CAUSE (a)

Uremia

INTERVAL BETWEEN
ONSET AND DEATH

6 days

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Arteriosclerotic kidney disease

years

DUE TO (c)

general arteriosclerosis

years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Coronary occlusion 3 months ago

PART III. If deceased was female, was
there a pregnancy in last 90 days?☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF

Hour

Month, Day, Year

INJURY

a.m.

p.m.

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 5-3-54 to 3-22-63 and last saw her alive on 3-22-63
Death occurred at 1:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Excelsior Springs, Mo.

22c. DATE SIGNED

3-23-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

3-23-63

23c. NAME OF CEMETERY OR CREMATORY

D.W. Newcomer's Crematory Kansas City, Mo.

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

Prichard Funeral Home, Inc.

25. DATE RECD. BY LOCAL REG.

3-23-63

26. REGISTRAR'S SIGNATURE

Baroline Hutchings

Excelsior Springs, Missouri

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

Permit Renewed 3-22-63 L.H.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Emile Jaxman

Licensed Embalmer No.

4589

P. O. Address

Excelsior Springs, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.